SCJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT A	APPOINTED COUNSEL	(Rev.	5/99
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∞(CJA 20 APPOINTMENT OF	AND AUTI	HORITY TO PAY C	COURT	APPOINTED CO	UNSEL	(Rev. 5/99)				
1. CIR./DIST./ DIV. CODE 2. PERSON REPRESENTED					VOUCHER NUMBER						
3. N	3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER		5. AP	5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER			
			G	RY Petty Offense Other	G Ad	PE PERSON REP ult Defendant renile Defendant ner	G Appellant	10. REPRESENTATION TYPE (See Instructions)			
11.	11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.										
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS				13. COURT ORDER G O Appointing Counsel G F Subs For Federal Defender G P Subs For Panel Attorney Prior Attorney's G C Co-Counsel G R Subs For Retained Attorney G Y Standby Counsel							
	T. I					Appointment G Because the above-named person represented has testified under oath or has					
Telephone Number 14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)				satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR G Other (See Instructions)							
					Signature of Presiding Judicial Officer or By Order of the Court						
				Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at appointment. G YES G NO							
	CLAIM	FOR SE	RVICES AND	EXPI	ENSES			FOR	COURT USI	E ONLY	
	CATEGORIES (Attach item	zation of sei	rvices with dates)		HOURS CLAIMED		TOTAL AMOUNT	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED	ADDITIONAL REVIEW	
15.	a. Arraignment and/or Plea										
	b. Bail and Detention Hearin	gs									
	c. Motion Hearings										
d. Trial e. Sentencing Hearings f. Revocation Hearings											
ď	g. Appeals Court										
	h. Other (Specify on addition	al sheets)									
	(RATE PER HOUR = \$) TOTALS	S:							
16 불	a. Interviews and Conference										
ပိ	b. Obtaining and reviewing r										
of		riung									
ı t	e. Investigative and other wo	ork (Specify	on additional sheets)								
On	(RATE PER HOUR = \$	1 1 1) TOTALS								
17.	Travel Expenses (lodging, po	ırking, meal.	s, mileage, etc.)								
18.	Other Expenses (other than e										
	AND TOTALS (CLA				CEDVICE	20	A DDOLLITATE AT	TED MINIATION E	ATTE 21 G	A OF DIGDOGITION	
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE					20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 21. CASE DISPOSITION						
22	CLAIM STATUS G	Einel D	TO:	orim D.	umant Num!			C S1	atal Daymant		
22. CLAIM STATUS G Final Payment G Interim Payment Number G Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for G YES G NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this											
representation? G YES G NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.											
Signature of Attorney Date											
22	IN COURT COME	24 077		1	OR PAYMEN		COURT USI		27 TOTAL 13	TE ADDD (CEDE	
23. IN COURT COMP. 24. OUT OF COURT 25. TRAVEL EXPENSES				26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT.					
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE 28a. JUDGE/MAG. JUDGE		AG. JUDGE CODE						
29. IN COURT COMP. 30. OUT OF COURT 31. TRAVEL EXPENS.			RAVEL EXPENSE	ES	32. OTHER EXPENSES 33. TOTAL AMT. APPROVED		T. APPROVED				
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment in excess of the statutory threshold amount.					DATE 34a. JUDGE CODE			DE			